

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38002

FILED DEC 7 1950

State File No.

BIRTH NO.		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> c. LENGTH OF STAY (In this place) <u>3 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> d. STREET ADDRESS (If rural, give location) <u>228 Frankford Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANITA</u> b. (Middle) <u>HIGBEE</u> c. (Last) <u>MADDERN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 20, 1872</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>3</u> IF UNDER 1 WEEK: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>White Hall, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Edward Higbee</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>William Maddern</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Jim Maddern, Louisiana, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Pt. base</u> ANTECEDENT CAUSES DUE TO (b) <u>Septic embolism - Hypertensive Corditis Vascular disease</u> DUE TO (c) <u>Renovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis - Cholelithiasis</u> <u>Hypertrophic cardiomyopathy</u> <u>Prostatectomy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 yrs</u> <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u> <u> </u> <u>443x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u> <u> </u> <u> </u> <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>11-23, 1950</u> , that I last saw the deceased alive on <u>11-22, 1950</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. H. Lunsden M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>11-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Hall</u>		24d. LOCATION (City, town, or county) (State) <u>White Hall, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>Nov 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Callen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home, Louisiana, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 1931

Date Received: DEC 4 1930
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 4 1930

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Virginia M. Sterne

Signed.....
Student Embalmer

Licensed Embalmer No. 4645

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.